STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 1 2 2017

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I. Name of Lob	byist(s)	LARRY	ALAN		***	NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lob	byist's partne	rsbip, firm or co	rporation, if an	y:			
NATIONIO	Name of parts	rual lusu ership, firm or corp	RANCE (poration)	COMPANY	AUD I	AFFILIATES	
PO BOX	558		STARRE		CT	<i>ple268</i> (Zip Code)	
Business Address	: (Street)		(Town/City)		(State)	, -	
860 <u>748</u> (Telep	· 8751 hone)	864	231 - 215 (Fax)	6-n	nail <u>alan</u> l	Onationwide, com	
		hoose one – file : ons which are no				may file a separate report for	
X All reportab	le transactions	occurring in the r	nonths prior to tl	he reporting da	te relative to	the following client:	
NATIONWIDE MUTUAL INSURANCE COMPANY AND AFFILIATES (Full Name of Client as it appears on the Lobbyist Registration Form) OR							
			cluding the lobb	oyist's family),	or the lobby	ing firm listed below which are	
IV. Date of Rep Reports cover:		26, 2017 \square	to 3/31/17	July 20 activity from	5, 2017 🗍 1/1/17 to 6/30/	17	
		er 25, 2017 // com 7/1/17 to 9/30/	17		y 31, 2018 [<i>10/1/17 to 12/</i>		
	ecked, complete					e the last report. State House, Room 204,	
	-	ts are attached:					
		r made expenditu	· ·				
☐ 1f you have Expense Reimb		rium or reimburs	ed expenses, you	a must file Ado	lendum B-	Report of Honorariums or	
•		amily has made p	olitical contribu	tions, you mus	t file Adden	dum C- Political Contributions	
Sworn Stateme 1 have read RSA and complete to	15, RSA 15-E	n by Lobbyist B, RSA 14-C and knowledge and b	RSA 664 and he	reby swear or	affirm that th	e foregoing information is true	
WAT	au_	•		Open	DEER	11,2017 Date)	
(Signature of lo	obbyist)				(I	Date)	
LARRY (Print Name of	ALAN (lobbyist)						

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I. Name of Lobbyist(s) LARRY ALAN

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

NATIONNIDE MUTUAL INSURANCE CO. (Name of partnership, firm or corporation)	MPANY AND AFFILIATES
II. Name of Client NATIONWINE MUTUAL INS. CO.	AFFILITIESDate OCTOBER 11,2017
V. Fees Received ndicate the gross amount of all fees received from the client identific to lobbying, including fees for services such as public advocacy, go including research, monitoring legislation, and related legal work. The reduced by any expenses:	vernment relations, or public relations services
Total of all fees received in this reporting period	a) \$ 1,066.
Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this calendar year).	period b) \$ 2, 378. Ilendar year)
c) Total of all fees received to date (Add lines a and b)	c)\$ 3,44H.
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required. Sees. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate expenses are to be reported in one of three categories of expenses during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (for unch where the cost was \$25.00 or less, purchase of a pen with a value of an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal peremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for home	to each client and if expenditures are made by expenser may be filed for the lobbyist(s)/firm. (a) the aggregate total of all expenses paid office expenses; (b) the aggregate total of all or example: meals purchased during a business alue of less than \$10 that is given to the personing lobbied with a value of \$25.00 or less); and this reporting period of greater than \$25.00 for with value of greater than \$25, purchase of a ue greater than \$25, but not greater than \$50,

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 5,000. e) \$ 5,000.
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 5,000.
f) Total of all expenses year to date	1) \$ 10,000.
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from be period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. Add Add Add Add Add Add Add Add Add Ad	
(Signature of lobbyist)	OCIDBER II, ZOIT
(Print Name of lobbyist)	